



NORTH CAROLINA
Senior Community Service Employment Program

Transitional IEP/Assessment

Participant's Name: _____

Date: _____

Interviewer Name: _____

Date: _____

On _____ you will reach your durational limit. We will work diligently to assist you with the transition out of SCSEP by providing referrals for any needed support and services.

1. Supportive services needed (and referrals to be made) to transition out of SCSEP

When the necessary support services are outside of the scope of SCSEP services, participants will be referred to trusted community partners. Participants will be introduced to a contact person at the community agency, and SCSEP personnel will coordinate the initial meeting between the participant and agency staff. SCSEP team members will monitor participant progress after referrals are provided to ensure that they take advantage of the stabilizing resources available to them.

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|--|---|--|
| <input type="checkbox"/> Food Stamp Referral | <input type="checkbox"/> Financial Education | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Volunteer Referral | <input type="checkbox"/> ESL |
| <input type="checkbox"/> Clothing Assistance | <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Basic Computer Skills |
| <input type="checkbox"/> Healthcare Assistance | <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Adult Literacy/GED |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Veterans Services | |

2. Enter Supportive service Transitional IEP/Assessment information

Supportive Services/or Referral	Action/Assignment/Activity	Person Responsible	Target Date	Date Completed

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3. Community Participation – Enhanced Services

Transitioning participants are encouraged to use the services at local senior centers, not only to obtain meals, nutritional counseling, exercise, health screenings, and other services, but also as an opportunity to establish new socialization experiences. Other services can be providing graduation/celebration for participant, along with copies of resume and a list of training sites. Once a participant transitions out of SCSEP, volunteering at Retired Volunteer Program, Senior Corps, Foster Grandparents, and youth mentoring programs allow participant to become active in their communities. **Carry over any goals from previous IEP/Assessment update that participant has identified as a current goal.**

Skill to be developed	Action/Assignment/Activity	Person Responsible	Target Date	Date Completed

I have assisted in completing this Individual Transitional IEP/Assessment, and I agree with the goals and actions listed in it. **I am aware of my responsibility to continue to seek unsubsidized employment if this is my goal.** I have received a copy of this Transitional IEP/Assessment.

Participant's signature: _____ Date: _____

I certify that this Individual Employment Plan was completed with the participation of the Participant.

Signature of SCSEP Staff: _____ Date: _____